



DEPARTMENT OF THE AIR FORCE
AIR UNIVERSITY (AETC)

18 Jan 13

MEMORANDUM FOR ENLISTED COMMISSIONING PROGRAM SELECTS

FROM: HQ AFROTC/RRUE
551 East Maxwell Boulevard
Maxwell AFB AL 36112-6106

SUBJECT: Post-Selection Actions for ASCP/SOAR/POC-ERP Enlisted Commissioning Program Selects

1. Congratulations on being selected to join the Air Force Reserve Officer Training Corps program.
2. You must take the following actions in order for us to authorize discharge entry into the Air Force ROTC program. **Please note: if you fail to take these actions, or you fail to meet any of the commissioning standards listed in AFI 36-2005 and AFI 36-2013, your selection will be withdrawn.** We will not issue a discharge authorization until all post selection actions listed below are completed. **Do not contact AFPC concerning your discharge unless you have received a copy of the discharge authorization letter. (Once you receive a copy you apply for separation via vMPF and attach the authorization letter to your application.)**
 - a. NLT 01 March 2013, return the Enlisted Commissioning Program Return Letter (Attachment 1) and the Statement of Understanding (Attachment 2). Scan and email both documents to afrotc.rrue@maxwell.af.mil or fax to HQ AFROTC/RRUE at DSN 493-9968 or 5271.
 - b. **NET 120 days prior to your class start date**, you must take and pass the Air Force Physical Fitness Assessment (PFA) (Attachment 3). The test must be administered by your unit physical fitness program manager and certified by your first sergeant, section commander, or unit commander. Scan and email to afrotc.rrue@maxwell.af.mil or fax the [Physical Fitness Assessment Letter of Certification](#) to HQ AFROTC/RRUE at the fax number above.
 - c. **NET 120 days prior** to your class start date; have your first sergeant, section commander, or unit commander do a height and Body Mass Index (BMI) check. Record the results on the Height/Body Mass Index Letter (Attachment 3). If you exceed your maximum allowable BMI, you must submit a body fat measurement. Scan and email to the above address or fax the letter to HQ AFROTC/RRUE at the fax number above.
 - d. If you did not submit your Letter of Acceptance for Fall 2013 from the school you plan to attend along with your application, you must provide the letter to us prior to being released to start school. Scan and email to the above address or fax the letter to HQ AFROTC/RRUE at the number above.

- e. Submit up-to-date college transcript(s) for all courses that you are currently enrolled for Fall 2012 and/or Spring 2013 semesters as well as an updated form 48. Please note, if you failed and/or withdrew from any courses, you must re-accomplish an approved academic plan. **Note: If you have not maintained a 2.5 cumulative GPA or higher, we will not issue a discharge authorization and you will no longer be eligible for the program. AFROTCI 36-2011 requires all students to have a CGPA of 2.5 or higher from all college coursework to activate their scholarship.** Mail transcripts and revised academic plan to HQ AFROTC/RRUE at the address above (if applicable).
3. Please contact TSgt Vargas-Diaz at DSN 493-7008 or email at david.vargas_diaz.1@us.af.mil if you have any questions.
4. You can track your post-selection status via our website approximately two weeks after the date of the board release. **Please do not call to see if we have received your data. We will update the post selection site, based on receiving data for update, on a weekly basis.** If you find after reviewing the site that we have not updated items you've faxed, please check the last date that the site was update. If the date has changed and it doesn't reflect receipt of your documents, please re-fax the data.
5. Once we receive all post-selection requirements, we will forward necessary documents to you and your MPS. Once you receive your discharge you will then start the separation process via vMPF. Notify your detachment to make sure your DOS works with their duty schedule, so they can contract you within 24 hours of your separation.

\\SIGNED\\

DAVID VARGAS-DIAZ, TSgt, USAF
NCOIC, Enlisted Commissioning Programs

Attachments:

1. Return letter for ECP selects
2. Statement of Understanding
3. Height/Body Mass Index Letter
4. Physical Fitness Assessment Letter

Attachment 1

MEMORANDUM FOR HQ AFROTC/RRUE

FROM: (Applicant's Last, First and Middle Name)
(Applicant's Unit of Assignment)
(Unit of Assignment Address)
(Base and Zip Code)

SUBJECT: Enlisted Commissioning Program Return Letter

1. I, [NAME/GRADE:]_____, [SSAN:] _____, certify I have read and understand the Post-Selection Actions requirements of the Enlisted Commissioning Program Selects Letter. I will forward copies of all the documents/data requested in the letter as appropriate.

2. I plan on attending college at: _____,

Detachment _____. I plan to major in:_____.

3. Tuition and fees to attend school does not exceed \$18,000 per academic year _____.
(Written Initials)

4. My class start date is: (Day/Month/Year) _____.

5. I plan to graduate and commission in: (Month/Year)_____.

6. I have attached a copy of my college letter of admission. (only if you haven't previously submitted)

7. You can contact me at DSN: _____ or COMM:_____, or via email at_____.

8. My DSN Fax is: _____.

9. I was selected for (Check only one):

- _____ AECP
_____ 2-year POC-ERP
_____ ASCP
_____ SOAR

Applicant's Signature Block

Attachment

College Letter of Admission (only if you haven't previously submitted)

MEMORANDUM FOR HQ AFROTC/RRUE
551 EAST MAXWELL BLVD
MAXWELL AFB, AL 36112-6106

FROM: _____
(Please print selectee's name)

Subject: Statement of Understanding

1. I have reviewed the Post-Selection Procedures listed on the HQ AFROTC Enlisted Commissioning Programs website <http://www.afoats.af.mil/AFROTC/EnlistedComm/post.asp>.
2. I understand that I have been selected to participate in the program under the major identified on the selection notification list and any requests to change majors may result in my selection being withdrawn. The major I have been selected for is _____.
3. I understand that notification of selection for the AFROTC Scholarship Program is not authorization to discharge from active duty.
4. I understand that I must complete all required post-selection actions before HQ AFROTC will forward my authorization for discharge from active duty to AFPC.
5. I understand I must report changes in medical status to HQ AFROTC/RRUE. Failure to report changes in medical status may result in revocation of selection. If changes occur, I must submit a new AF Form 422 stating I am still qualified for retention before I will be authorized to separate for AFROTC.
6. I understand if I am currently taking college courses, I must submit an up-to-date transcripts and an updated academic plan once the courses are completed. I understand if I fail and/or withdraw from any courses or change the order of classes, I must re-accomplish an approved academic plan before HQ AFROTC will grant authorization for discharge from active duty.
7. I understand failure to complete the required actions could result in revocation of selection for the AFROTC Scholarship Program.
8. I understand once I separate I must contract in AFROTC within 24 hours of my date of separation. Failure to do so will result in return to active duty.
9. I understand that due to my selection for the AFROTC Scholarship Program I am not eligible to apply for any other AFROTC Scholarship Program. Applying for future AFROTC Scholarship Programs will result in forfeiture of selection.

Selectee's Signature Block

MEMORANDUM FOR HQ AFROTC/RRUE

FROM: (Evaluator's Rank, First Name, Middle Initial, and Last Name)
(Evaluator's Unit of Assignment)
(Unit of Assignment Address)
(Base and Zip Code)

SUBJECT: Air Force Fitness Assessment (FA) and Body Mass Index (BMI) Certification

1. I certify that RANK/NAME completed the Air Force BMI and FA on DATE IAW AFI 36-2905, *Fitness Program*, DoDI 1308.3, *DoD Physical Fitness and Body Fat Programs Procedures*, and AFROTCI 36-2011 *Cadet Operations*.

Results are as follows:

SSN: _____ Age: ____ Height: _____ Weight: _____ BMI 27.5 Max Weight: _____
Body Fat Measurement if over BMI 27.5 Max Weight: _____

Component	Time/Reps/Measurement	Score	Minimum Value Met
1.5-Mile Run			Y / N
Push-ups			Y / N
Sit-ups			Y / N
Body Composition	1: _____ 2: _____ 3: _____ Avg: _____		Y / N
Category: Excellent	Satisfactory	Unsatisfactory	Total:

2. If you have any further questions, my duty phone number is DSN: (phone number), commercial (phone number), or e-mail address is (enter e-mail address.)

(Evaluator's Signature)
(Typed Name, Rank, USAF)

*** Evaluator must be Unit Fitness Program Manager**

1st Ind, Certifying Officer's Office Symbol

MEMORANDUM FOR HQ AFROTC/RRUE

I certify that the FA and BMI conducted on (Applicant's Rank and Name) are valid, and administered by a unit fitness program manager.

(Certifier's Signature)
(Typed Name, Rank, USAF)

***Certifier and Duty Title must be a Flight Commander, First Sergeant or Squadron Commander**